

TREATMENT OF CHOLERA BY PARISIAN PHYSICIANS.

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MR. EDITOR: Intending to stop in Paris only long enough to gain a general impression of the city, it occurred to me that my short visit might be made practical by an inquiry into the treatment of cholera adopted by the Parisian physicians during the recent epidemic. I argued that with their attention directed to this matter by the epidemic in Egypt in 1883 and with the experiences of Marseilles and Toulon last summer, and later of their own visitation, there might possibly have been developed some details of treatment not yet published which would prove valuable. Or if there were none it would be satisfactory to know it. Simple as the inquiry seems, I found that for a perfect stranger in one of the largest cities in the world and unacquainted with the language, it was a laborious undertaking.

However, through the kindness of Mr. Robert M. Hooper, Vice Consul General of the United States, for whose interest and attention I shall always feel grateful, I was presented to Dr. Edward Warren Bey, the leading American physician in Paris, through whom I was able to proceed. Dr. Warren will be remembered as a former Professor in the University of Maryland, who joined the Confederate Cause and became Medical Inspector General of the Confederate Army. After the War he entered the service of the Khedive of Egypt, by whom he was made Surgeon General of the Egyptian army with the title of Bey.

He has also received decorations from most of the European governments, including the Legion of Honor of France, on account of distinguished professional service.

He resigned his position in Egypt to engage in private practice in Paris, and last summer during the cholera scare proffered his service gratis to Americans in Paris who might have cholera and were short of funds, and further showed his patriotism by volun-

teering his services to the government as inspector of vessels bound for the United States to insure their freedom from infection. Dr. Warren has just completed a book containing the experiences of his very varied career, including his connection with the celebrated Wharton trial in Baltimore in which it will be remembered he was chief medical expert for the defense.

The doctor not only gave me the names of the cholera savants in Paris, but introduced a young physician, Dr. H. Sicard, a graduate of the Louisiana Medical College and now studying for a Paris degree, who volunteered his services both as escort and interpreter. I was further aided by special letters of recommendation from our able minister to France, Hon. L. P. Morton.

Our first call was upon Dr. Jules Guerin, one of the first authorities on cholera in France, who visited Marseilles and Toulon last summer to study the epidemic privately.

I may here remark that quite a discussion has taken place in the French Academy of Medicine concerning the nature of the epidemic, one party asserting a premonitory stage (premonitory diarrhea) and the other denying it. Guerin is the chief supporter of the first named belief. He is a spare man, rather old but of intellectual appearance, and I am told is very polemic in discussion.

Our reception was quite pleasant and, after an allusion to his published articles, the doctor gave his treatment, which he said is quite simple and the same as advocated and practised by himself in 1831.

In the premonitory stage, he enjoins abstinence from solid food.

For the vomiting and purging he gives charcoal and laudanum.

When the vomiting and purging have ceased, he gives one dose of the sulphate of magnesia to eliminate the materies morbi—one dose only but a good sized one.

In collapse, he treats only the symptoms.

No opium or specific remedies.

If the body is cold he makes warm applications, but does not use friction.

When convalescing he gives sustaining treatment—iron and alcohol.

He does not believe in the cholera microbe.

He claims to have saved 70 per cent. of his patients, and states that he has had cholera himself five times, the last time after his visit to Toulon last summer.

He asserts that cholera still exists in Paris to-day.

Our next call was on Brouardel, Professor of Medical Jurisprudence in the Faculty of Medicine, one of its youngest members. His age is about forty. Brouardel was President of the French Commission sent to Marseilles, Toulon and other cities of France last summer during the epidemic.

I valued particularly this call because of the high reputation enjoyed by the Professor, and because in a moment's observation I saw that he is a brainy, active man of the present, at just that period in his career when his past is a warrant of maturity and the future that is before him gives assurance of earnest activity.

Brouardel says there has been no cholera in Paris for three weeks, but he expects to witness its reappearance in the spring.

He states that it was undoubtedly brought from Egypt.

As to treatment, since his appointment as President of the Cholera Commission, he had received as many as four hundred letters giving various modes of treatment, but that not one contained any valuable suggestions that were new.

He states that during the last epidemic no advance was made in the treatment of cholera unless we except the experiences of Prof. Hayem with intravenous injections, to be detailed further on.

Brouardel says that all the doctors agree upon the same general plan of treatment viz., treatment of the general symptoms.

To relieve the cramps he recommends hypodermic injections of morphia, yet enjoins circumspection because in some cases, if too large a dose is given, when reaction comes on, the morphia seems to retard favorable progress.

After this assertion by Brouardel that no progress in the treatment of cholera had been made during the recent epidemic, strengthened as it was by the statement of Guérin that his treatment to-day is the same as it was in 1831, more than a half century ago, it seemed useless to call on others excepting Hayem.

Yet through the aid of Dr. Sicard I visited the following hospitals where cholera was treated (nearly all the hospitals had cases) viz., the Hotel Dieu, Hôpital Charité, Hôpital Cochin and Hôpital Saint Antoine, the last named having received the greatest number of cases, namely two hundred and fifty. I talked with the internes of these hospitals, and from one who had followed the treatment at the Charité Hospital I obtained the method of Professor Peter, another cholera expert.

Professor Peter's treatment.—Stage 1. Infusion of rice with ten drops of laudanum. No nourishment.

In algid stage.—Warmth, by means of warm blankets, bricks or hot irons; avoid opium. He does not use friction.

In period of convalescence quinquina, iron, good food, toddy.

For disinfecting the room he uses carbolic acid and borate of soda.

From another interne I learned Professor Cornil's usual treatment at the Hôpital Pitié.

In the algid stage a cordial potion with twenty drops of laudanum. Frictions with turpentine oil, poultices sprinkled with same. For the cramps, morphia hypodermically.

At this hospital hypodermic injections of caffeine were tried in the stage of collapse, but the results were bad, causing gangrene of the skin. Hayem's method and solution (chloride of sodium and sulphate of soda in water) were also employed in ten or twelve cases.

Four pints were introduced into the vein at one sitting. Edema of the legs and sometimes general anasarca followed this operation, also edema of the glottis. One patient is said to have died of edema of the glottis. It is true that one or two cholera patients had edema in whom the intra-venous injections had not been used, still this unhappy complication was attributed to the injections. After due reflection I have concluded to note the above, although it is the statement of an interne.

It is an important matter and if there is any mistake I will rectify it in another letter.

Professor Hayem states he has had no unhappy result from the use of intra-venous injections in his own practice, yet if edema of the glottis has followed in the practice of others, it is as well to know it.

Our final call was upon Hayem, Professor of Therapeutics in the Faculty of Medicine, a man between forty and fifty, whose coal black hair, whiskers and eyes give him a striking appearance. I think he was at work on the very subject that brought us; at any rate he showed us a mass of manuscript to be published in about a month in the *Bulletin Général Therapeutique*. He has already published an article on intra-venous injection in cholera in the same journal of November 30, '84.

His treatment in the first stage is salicylate of bismuth in doses of four or five grammes. He also uses morphia hypodermically.

and frictions with chloroform liniment. When the heart's action is feeble he gives stimulants, and applies warmth to the body if cold.

In collapse he gives hypodermic injections of ether—two, three or four grammes in twenty-four hours. In collapse he also resorts to the intra-venous injection of the following formula:

Water	-	-	1000 grammes	=	one litre or pint.
Chloride of Sodium	5	"	=	-	75 grains.
Sulphate of Soda	25	"	=	-	375 "

The above he uses at one injection. Formerly he employed one gramme of carbonate of soda in the solution, but has discontinued it. He has used these injections in ninety cases. When asked the percentage of recoveries he stated that the tables had not been made out. They will appear in his article. He said, however, that he had had no unfortunate result following their use. He showed us the apparatus which he had devised for giving their injections. I purchased one the next day at Galantes for twenty francs (four dollars) and was told that quite a number were sold last summer, showing that the method was used to a considerable extent. I will not attempt a description of the instrument further than to say that it is simple in construction, and consists of a long piece of rubber tubing with a bulb at the centre. One end of the tube rests in the vessel containing the solution, the other is attached to the cannula which is inserted into the vein. At each end of the bulb is a valve and the construction is such that each pressure upon the bulb injects twenty grammes of the solution.

He generally chooses one of the basilic veins and operates with a pair of spring forceps and scissors. First making a transverse incision through the skin and afterwards through the cellular tissue, he grasps the vein with the forceps, and with the scissors cuts transversely. He then introduces a silver cannula about two inches long in which is a close fitting probe, which prevents the admission of air. The end of the rubber tube above mentioned is provided with a smaller cannula made to fit nicely into the one that has been inserted into the vein as soon as the probe has been withdrawn.

The injection of one litre (or pint) of the solution generally takes five or six minutes. Sometimes more than this quantity is injected at a sitting. The solution injected is kept warm, about the normal temperature of the body, by immersion of the vessel holding it in another containing hot water, and to prevent its cool-

ing in transit the bulb itself is worked under water of the proper temperature. This also prevents all possibility of air entering through the valves. When from any cause it is difficult to open a vein, he throws the solution into the peritoneal cavity.

In all the modes of treatment above detailed there will be noticed a striking absence of acids or other remedies based on the existence of the comma bacillus. The comma bacillus has very few believers in Paris and I believe that French prejudice has something to do with it, just as British commerce influences English opinion. The fact is American physicians are better able today to take an intelligent view of the cholera question than those of any other country. They may profit by German investigation without their sight becoming entirely microscopic, and by the experiences of last summer without French prejudice or a British commercial bias. Such articles as have recently appeared from the pens of Dr. Frank Hamilton and Dr. Austin Flint are proof of my assertion. Altogether I was disappointed by the results of my inquiries. I have so keen a recollection of the cholera epidemic at the quarantine hospital below St. Louis in 1873 that I had hoped more efficient modes of treatment would be within our resources, if our country should be again afflicted. Perhaps my inquiries in Berlin may give more encouragement. No progress in French treatment in fifty years rather tempts the mind to accept the German theory and try its corresponding change of treatment.

I am told there were about one thousand deaths from cholera in Paris and that it is still a matter of dispute whether the epidemic was imported or was indigenous. The first cases were among the rag pickers and appeared almost simultaneously in various quarters of the city. Brouardal says, however, it came from Egypt.

I was advised by Dr. Warren before leaving Paris to call upon Ricord, not particularly to get his views on cholera, but because of his fame. Moreover, Ricord speaks English and is very courteous to Americans. It may be interesting to some of your readers whom I know to have studied under him to hear of the visit which I made in company with Dr. Sicard. A thick-set man with smoothly shaven face, seated in a very large studio, whose walls were entirely covered with books, cordially extended his hand without rising. His age may be inferred from his remark that he left New York in 1820 and he was at that time a grown youth. I am told he is about eighty. Mentally he is vigorous and still engages

in a general practice as consultant. After discussing several general topics, among them the French Empire and Republic (he believes in the former for the French people, and thinks America also is destined to have an aristocracy,) I brought up Koch and his comma bacillus. As expected, he gave the French shrug to his shoulders and got off in French a "mot" which Dr. Sicard says is difficult of translation but suggests that the bacillus comma should be called the bacillus interrogation point.

Ricord's manner was very genial. He impressed me as a man of great intellect who would have been distinguished in any profession, whose strong constitution is making a stubborn fight against old age, a man whose past is secure and furnishes a strong foundation for the enjoyable but less efficient present.

At the risk of being tedious I must give a few disjointed facts and impressions picked up while pursuing my inquiry.

First. In making calls on the Professors at their home offices and during their office hours, I was interested in noting their office facilities and method of receiving patients. Brouardel's office was a fair type. We were admitted into a large reception room by a male servant in livery, who seemed to expect our cards. Seeing we were physicians he ushered us into a second room specially provided for the profession, who are given preference over the patients in waiting. The apartments were commodious and elegant though not extravagant, and I particularly noticed in all my calls the absence of those familiar and cheerful "objets de vertu" which so often decorate our doctors offices, viz., "Demonstrations in Anatomy," "Harvey and the Circulation," skulls and other bones and bottled nastiness called wet specimens; in other words there were no marks of the shop, but every mark of the residence of a cultivated gentleman.

As to Paris hospitals, I was disappointed in them. They are massive and cover a large area, but the wards are not attractive, and the beds are very close together, though the ceilings, are high. I saw the best of them and none of them can compare, say, with the Cincinnati general hospital. One small matter seems worthy of imitation. Every bed is provided with a frame on which are hung neat linen screens which can be drawn by the patient at will. I was surprised to find that the hospitals have no systematic method of keeping clinical records. The chief of staff may require notes of special cases which are then his private property, but there are no hospital records of cases. At the hôpital Saint Antoine, which

accommodates seven hundred patients, I visited the building in which they treated their two hundred and fifty cholera cases. It is about a square and a half from the main edifice, and still nearer to this building is another structure in which small-pox is treated.

I was greatly interested by my visits to the school of medicine and to the Latin quarter, where the students most do congregate.

There are three thousand medical students in Paris and fifty of them are females. There are forty Russian female students, six English, two French and two American.

There are but five faculties in France that are privileged to give the degree of Doctor of Medicine. These faculties are at Paris, Bordeaux, Montpellier, Nancy and Lille. There are other schools recognized by the government which give a diploma that entitles the holder to certain restricted privileges of practice, that is, he may practice ordinary medicine (but not operative surgery) only in a given one of the eighty or ninety departments into which France is divided. To practice in another department, he must petition the minister for a transfer. The course in the Paris faculty extends over six years, and each examination must be passed before application will be received for the next one. No "two-thirds vote" of the faculty will give a student his diploma. I am told that the result of this policy is really a protective tariff against foreign physicians. It is questionable whether the French student gets along any better by reason of the extended period of his study, for I am told that being able to come up for examination only in, say, two or three subjects at the end of the year, he is apt to have a good time for about nine months and study only three. I saw something of their life in a favorite "Brasserie" where the road to learning seemed to be made royal with billiards, cards, wine, beer and coquottes.

The restrictions upon druggists in Paris are much greater than with us. No druggist can sell a poison or narcotic without a prescription. Whether this may be the reason I do not know, but I am credibly informed that the opium habit does not exist in Paris. In case of an overdose of an opiate the law is very severe on the physician, which may account for the timid method with which opiates are given. Neilson the actress, you will remember, was given five drops of laudanum by her French physician. There is but one dentist here who gives nitrous oxide gas. *Satis superque*